

MANAGER - REIMBURSEMENT (HEALTH CARE)

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, the incumbent of this class is responsible for maximizing revenues for the Westchester Medical Center through the accumulation, analysis and justification of essential financial information mandated by governmental and third party reimbursement agencies; the review and monitoring of the rate and charge structure; the establishment and maintenance of a library of the rules, regulations, policies and procedures of all governmental and third party payors; monitoring changes in State Health Code and their impact on programs and services; and the pursuit of grants and trusts available to the Medical Center. The incumbent works with Patient Accounts and other hospital division staff to ensure timely reimbursement criteria are adhered to for maximization of reimbursement. Supervision is exercised over professional and clerical support staff. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Develops, directs and implements procedures for accumulating accurate and relevant statistical data such as patient days, out-patient and emergency room visits, equipment usage, staff allocation, units of service provided by each division of the Medical Center, etc., using both manual and automated systems, in order to maximize the rates of reimbursement;

Develops, directs and implements programs, systems and procedures designed to determine, in accordance with mandated state and federal hospital accounting reporting systems, the total, detailed costs of the Medical Center for the purpose of allocation of costs to patient service areas in support of requests for favorable rates of reimbursement;

Prepares various cost reimbursement and statistical reports required by governmental and third party agencies which form the basis for reimbursement rate determinations;

Analyzes and makes recommendations in effectively implementing the collection cycle to ensure consistent documentation flow for reimbursement;

Analyzes the impact of rulings and adjustments to reimbursement determinations made by governmental and third party agencies, and advises hospital management personnel with recommendations;

Prepares appeals supported by detailed rationalizations on existing or revised rates of reimbursement;

Reviews the accuracy of, and monitors the ongoing activities of consultants in accordance with established criteria, providing technical assistance as needed;

Recommends alternate techniques for accumulating data on costs, statistics, patient information, etc. for the purpose of maximizing revenues;

Develops and recommends new procedures in collaboration with Patient Accounts staff to improve effectiveness of existing procedures;

EXAMPLES OF WORK: (Illustrative Only) (Cont'd.)

Prepares, as requested, special cost analysis studies of existing and proposed programs for the purpose of advising Hospital management of their feasibility from a financial standpoint;

Develops in conjunction with EDP personnel, automated systems in order to facilitate the collection of statistical, cost and accounting data;

Conducts training seminars to advise and instruct key Medical Center personnel of the systems and procedures to be implemented in order to develop the necessary statistical and informational base and flow required to support the reimbursement activities;

Directs, plans and evaluates the work of subordinate professional and clerical personnel assigned to support reimbursement activities;

Directs and supervises the maintenance of a library of the rules, regulation policies and procedures of all third party payors;

Researches and applies for available grant and trust moneys available to the Westchester Medical Center through federal, state, local and private funding sources;

Attends meetings and conferences, providing professional advice and consultation, as required

Uses computer applications or other automated systems such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments;

Accesses protected health information (PHI) in accordance with departmental assignments and guidelines defining levels of access (i.e. incidental vs. extensive)

May perform other incidental tasks, as needed.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Thorough knowledge of the policies, rules, regulations, procedures, methods and practices of federal, state and third party reimbursement agencies as they relate to the reimbursement of hospital costs and expenditures; thorough knowledge of the financial and statistical reporting requirements of federal, state and third party reimbursement agencies; thorough knowledge of the principles and practices of cost accounting as it applies to hospital financial management; good knowledge of hospital accounting and billing procedures; familiarity with the techniques of electronic data processing and the capabilities of data processing equipment; ability to plan, organize, direct and evaluate all financial reimbursement program components for a hospital in a manner consistent with the management objectives of the Medical Center; ability to direct and coordinate the development and implementation of both manual and automated statistical and cost reporting systems in a manner consistent with mandated governmental and third party reimbursement agencies' requirements; ability to identify, gather and compile pertinent

information used to prepare detailed financial, statistical and narrative reports; ability to perform analytical reviews of rates, adjustments and complex directives in order to ascertain their implications for hospital financial management, and recommend appropriate action; ability to support all recommendations effectively both orally and in writing; ability to plan, coordinate, evaluate and supervise the work of others; ability to effectively use computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments; ability to read, write, speak, understand, and communicate in English sufficiently to perform the essential duties of the position; sound professional judgment; initiative; creativity; physical condition commensurate with the requirements of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: A Bachelor's Degree* and five years experience where the primary function of the position was working with diagnostic related groups (DRG's) and/or reimbursement methodologies, two of which must have been in a hospital division of Medical Records, Utilization Review/Quality Assurance, Admitting, Patient Accounts, Reimbursement, or Information Systems.

SUBSTITUTION: Satisfactory completion of 30 credits towards a Master's Degree* in Finance, Accounting, Public Administration, or Health or Hospital Administration may be substituted for each year of the above stated general experience, exclusive of the two years of specialized experience.

NOTE: Unless otherwise noted, only experience gained after attaining the minimum education level indicated in the minimum qualifications will be considered in evaluating experience.

*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education Department as a post-secondary, degree-granting institution.